



Missouri Pharmacy Program- Preferred Drug List



Otic Quinolones

Effective 05/17/2006

Revised 01/04/2007

Preferred Agents

- Floxin® Otic
- Ciprodex®

Non-Preferred Agents

- Cipro HC®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial on preferred products	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.